



GEORGIA STATE BOARD OF PHYSICAL THERAPY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478)207-1686
www.sos.state.ga.us/plb/pt

RE-EXAMINATION APPLICATION FOR GA JURISPRUDENCE EXAM

Instructions:

1. Fully complete this application. Type or print clearly.
2. Register on-line for the examination at <https://www.fsbpt.net/pt>.

Indicate which type of license you are seeking:

☐ Physical Therapist

☐ Physical Therapist Assistant

SECTION I: PERSONAL INFORMATION

1 NAME _____
LAST FIRST MIDDLE MAIDEN

2 SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____
(Required for identification, law enforcement, statistical and administrative purposes)

3 ADDRESS _____
MAILING ADDRESS APT #
CITY STATE ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

4 ADDRESS _____
PHYSICAL ADDRESS (Post Office Box is not acceptable) APT #
CITY STATE ZIP

5 DAYTIME PHONE _____ **OTHER PHONE** _____

6. How many times have you previously taken the GA Jurisprudence examination? _____ List location(s) and date(s): _____

I hereby request the Georgia State Board of Physical Therapy to allow me to re-take the GA Jurisprudence Exam. I attest that the information I have provided is true and accurate to the best of my knowledge.

Signature of Applicant

Date